

## State of New Jersey Council on Local Mandates Complaint

The form is to be completed and signed by the individual identified under Part I(A) as the Claimant  $\underline{or}$  by the responsible contact person or attorney for the Claimant, identified under Part I(B).

I (A). Information regarding the Claimant (include title if a County Executive or Mayor):					
Name of Claimant (artitle if applicable):	nd				
Claimant contact info	ormation:				
Mailing Address:					
City:		State: New Jersey	Zip Code:		
Phone:		Fax:			
E-mail address:					
I (B). Name of person preparing this document (if other than Claimant), and title or relationship to Claimant (e.g., legal counsel, business administrator, superintendent):					
Name:					
Title/Relationship:					
Contact information	for person identified in Part I	(B):			
Mailing Address:					
City:		State: New Jersey	Zip Code:		
Phone:		Fax:			
E-mail Address:					
II. The Complaint:					
1. Claimant alleges that the following statute, rule, or regulation is an unfunded mandate in violation of the New Jersey Constitution, article VIII, § 2, ¶ 5 and N.J.S.A. 52:13H-2, because it does not authorize resources, other than the property tax, to offset the additional direct expenditures required for its implementation:					
2. The above-cited s	statute, rule, or regulation bec	came effective on:			

	paragraph II(1) is an unfunded mandate:	
	paragraph H(1) is an unfunctu manuate.	
Not	te: The text provided in paragraph II(3) is to be used for th	e Complaint summary published on the Council's
wel	te: The text provided in paragraph II(3) is to be used for the biste. If more space is needed, please attach additional she	et(s).
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